Quick Response Grant Application 2022-23
Form Preview

Eligibility

* indicates a required field

Welcome

In applying for a Quick Response Grant from Noosa Council, you will need to briefly provide information about your organisation and your project. Your application will be assessed for its alignment with the Economic Development Strategy which sets out the priorities for the Noosa Council area. The Quick Response Grant category has been developed to support small, one off projects such as workshops, meetups and events that engage and benefit the Noosa business community. Applications must be received at least 21 days prior to the commencement of the project.

A maximum of $2,000 per application applies to Quick Response Grants.

Before applying please:

- Review the Noosa Shire Economic Development Strategy
- Review the Economic Development Grant Guidelines.
- Talk your project through with a member of Council's Economic Development team by calling 5329 6500 or emailing a brief summary of your project to economicdevelopment@noosa.qld.gov.au.

Incomplete applications will not be considered.

You will be advised on the success of your application within 10 working days from receipt of the application.

Quick response grants are open to not for profit organisations, for profit businesses and consortiums. Individuals are ineligible to apply.

Confirmation of Eligibility

Who at Council did you meet with and discuss this project? *

[   ]

1. What type of organisation are you? *

○ Not-for-profit organisation   ○ For profit business   ○ Consortium   ○ Other:

[   ]

For the purposes of this grant program a consortium is an association of two or more individuals, companies, organizations or governments (or any combination of these entities) with the objective of participating in a common activity or pooling their resources to achieve a common goal.

2. What does your organisation do? *

[   ]

Summarise your organisation's purpose and goals.

3. Does your organisation operate in or from Noosa Shire? *
○ Yes   ○ No

4. Does your organisation have any debt to Noosa Council? *
○ Yes   ○ No   ○ Payment arrangement

Contact Details

* indicates a required field

Privacy Notice

Council will only use personal information you have provided for the purpose of processing this application and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Local Government Act 2009* and other local government acts. Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with Council's Privacy Policy.

Please note the information provided in this application and in any related documentation and discussions may be provided to members of the assessment panel in order to assist Council in assessing your application.

By submitting this application you consent to Council publishing the organisation's name, the event's name, an event description and Council's funding contribution. This information may also be used for promoting Council's funding programs.

Applicant Organisation Details

5. Applicant organisation name *
Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the Office of Fair Trading, ABR, ACNC or ATO.

Department / Branch / Faculty

Use this field only if relevant

Primary address *
Address

Suburb   State   Postcode

Must be an Australian postcode.
If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

Applicant website

Must be a URL

Primary contact person *

| Title | First Name | Last Name |

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Back-up phone number

Must be an Australian phone number.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

6. ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

Project Details

* indicates a required field

7. Project title:

Provide a name for your project/program/initiative. Your title should be short but descriptive

8a. Anticipated start date

8b. Anticipated end date

9. Please provide a short summary of your project. *

Briefly describe your project, its aims and objectives and the community need it addresses.

10. How will this project impact the local business environment? *

Tell us why your project is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek.

11. How does the project support the Economic Development Strategy? *

To what extent does the project target the opportunities identified in the Economic Development Strategy? Which specific Priority Action does it support?

13. What does success look like for this project?

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

14. Demonstrate the capacity of your organisation to successfully deliver the project?

Please provide information about your organisation to demonstrate that you can complete this project.

Budget

15a. Total Amount Requested

$ _____

What is the total financial support you are requesting in this application?

15b. Total Project/ Program Cost

$ _____

What is the total budgeted cost (dollars) of your project?

Budget

It is expected that the applicant will make a cash and in-kind contribution to the project. Council will not wholly fund grant projects.

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

16. Income	$	17. Expenditure	$
	$		$

Budget Totals

Total Income Amount	**Total Expenditure Amount**	**Income - Expenditure**
$	$	$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

18. Please attach quotes for those expenditure (cost) items over $1000
Attach a file:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *   ○ Yes   ○ No

Name of authorised person *

Title	First Name	Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:
○ Very easy   ○ Easy   ○ Neutral   ○ Difficult   ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60 minutes

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.